

Trisha Koetter's  
**Flying Feet Agility &  
Dog Obedience School  
Class Registration**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

E mail \_\_\_\_\_ Referred by \_\_\_\_\_

Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Is this your first dog? \_\_\_\_\_ Your first obedience class? \_\_\_\_\_

List an important goal you want to accomplish with your dog in this class?  
\_\_\_\_\_

I want to show my dog \_\_\_\_\_ I just want to have fun with my dog \_\_\_\_\_

**Next sessions begins Wednesday October 14<sup>th</sup> 2009**

\_\_\_\_\_ 5:30-6:30 Advanced Obed/Intro to Agility

\_\_\_\_\_ 5:30-6:30pm Novice Agility

\_\_\_\_\_ 6:30-7:30 Beginners Obedience

\_\_\_\_\_ 6:30-7:30pm Beginner Obedience (Wed)

\_\_\_\_\_ 7:30-8:30 Handling With Weaves

\_\_\_\_\_ 7:30-8:30pm Competition Agility (Wed)

\_\_\_\_\_ 6:30-7:30pm Rally Obedience

**Fees are – 7 wk Beginners – \$125.00 & 6 wk Advanced & Agility – \$125.00**

**Registration form with full payment is required to reserve your space.**

No refunds will be given after first class.

I attest that any dog I bring on the grounds of these obedience/agility classes is safe around other dogs and people and I understand that any dog that the instructor feels poses a threat will be dismissed. **Dogs must be current on vaccinations including rabies, and I understand that Frontline flea/tick preventative is recommended.** I agree to hold Trisha Koetter and/or the owners/lessors of the properties we use harmless from any claims for loss or injury which may be alleged to have been caused directly or indirectly to any person, animal or thing while on the premises or grounds and I personally assume all responsibility and liability for any such claim, and I further agree to hold the aforementioned parties harmless from any claim for loss by disappearance, theft, death or otherwise, and from any claim for damages alleged to be caused by the negligence of the above mentioned individuals or by the negligence of any person to any other cause or causes. I have read and agree to abide by the above conditions:

\_\_\_\_\_  
signature of participant (or guardian if a minor)

**Return to: Trisha Koetter 7844 Starlight Rd Floyds Knobs, IN 47119 Phone (812) 923-3065**

Make checks payable to: **Flying Feet Agility LLC**

For more info & directions visit our website @ [www.flyingfeetagility.com](http://www.flyingfeetagility.com)